Book Reviews

Clinically Oriented Anatomy, 3rd edn. By KEITH L. MOORE. (Pp. xiii+917; fully illustrated in colour and black & white; £27.95 paperback; ISBN 0 683 06133 X.) Baltimore: Williams & Wilkins. 1992.

This is a big book—917 numbered pages. The preface infers that it is aimed at medical undergraduates and its main competitor is, I suppose, Snell. Moore is bigger and more expensive, but in some respects superior. Moore's text has many good points.

The Overview of Anatomy is useful; it contains material that many students unwisely skip. There are excellent histories, commentaries and clinical notes (blue background—e.g. on the pleural tap). The use of radiographs and scans is revealing and apt. I like the Grant's Atlas-type pictures, which make me wish that structures in the body were in actual fact coloured in these gentle pastel shades. Surface anatomy sections are included and provide an adequate, though no more than this, basis for clinical skills.

The list of things I would criticise is not peculiar to this text, and it displays my own outlook which is that the main (perhaps only) justification for teaching anatomy is as a basis for patient care. There is no effort in the book to distinguish the more important material from the less important. In modern jargon, this concerns the identification of the essential core of knowledge that the student must have in order to pass professional examinations. Why does a student need even to see the word ginglymus? I had not met it before. Why do anatomists get so worked up about classification of joints? Origins and insertions, though more controlled than in Snell, are still verging on the excessive, and I do not know why anyone needs to know the attachments of, for example, procerus. Similarly with the pharynx. It really does not matter what the attachments and innervation of the middle constrictor and stylopharyngeus are: surely the main thing is that the pharyngeal and laryngeal muscles are supplied by the nucleus ambiguus. The sole of the foot is detailed to an extent which in my view exceeds that necessary for the undergraduate medical student.

Apart from some silly mistakes (e.g. 'brachial' instead of 'branchial', L2 instead of L1), the book is beautifully produced and despite the fact that I have elsewhere committed myself on paper as a confirmed Snellist (J. Anat. 181, 384), I must also confess to liking this new edition of Moore. So which will I recommend to my students: Snell or Moore? The answer is both. Different textbooks appeal to people for different reasons, so caveat emptor.

W. S. MONKHOUSE

A Colour Atlas of Human Dissection, 2nd edn. By C. C. Chumbley and R. T. Hutchings. (Pp. 199; fully illustrated in colour; £19.95 paperback; ISBN 0723408831.) London: Wolfe. 1992.

A dissection manual can be a very personal affair since no two courses are the same. Some teachers like to start students dissecting the limbs where the structures are bigger and less damage is likely. Some, like me, prefer to start with the thorax so that basic vertebrate structure is illustrated. From the thorax, some would move to the axilla and upper limb and others to the abdomen and pelvis. Temporal considerations are sometimes important in this respect. I like a region to be finished by the end of term without hangovers into the next, and this means that we move from thorax to upper limb. Should the head and neck be studied from bottom up or top down? I think that bottom up is the best way although it does pose minor problems for the cranial nerves. Anyone who read the Independent on Sunday on 18 October 1992 ('The dying art of anatomical dissection') would be forgiven for thinking that student dissection manuals are no longer necessary, and it is certainly true that in compressed courses, even those of us who favour dissection may be forced to teach some regions, such as the foot, infratemporal fossa and perineum—where dissection is difficult, time-consuming and unproductiveby prosection.

This book suits me. It begins with the thorax and then abdomen, pelvis and perineum (one doesn't have to stick to the order in the book), lower limb, back, upper limb, neck (from below up) and head. It is arranged in 75 sessions which seems generous: our course is completed in 60 and this includes surface anatomy and basic clinical skills teaching. Chumbley and Hutchings spend more time than I would on the abdomen and limbs. The abdomen sometimes seems to me little more than a bag of guts in which surface anatomy and the clinical consequences of developmental processes are much more important than the precise relationships of this and that. But then we all have our blind spots. I am alarmed to see that the book recommends that individual muscles of facial expression be dissected. Surely life is too short for this. A fair amount of surface anatomy is included, sometimes at both the beginning and the end of a region. This pleases me: surface anatomy provides a good introduction to an area and a good revision tool which ties up many loose ends.

There is an introductory chapter on care of the cadaver and methods of dissection. I wonder how widely this will be read. The care of the cadaver, which is an important issue, is covered very sketchily and I would rather rely on the draconian disciplinary measures which our technicians are empowered to enforce. My favourite dissection tools are fingers (I am pleased to see these mentioned and illustrated), and my favourite dissection instrument the blunt-ended scissors with curved ends (neither mentioned nor illustrated). The text is concise and the illustrations good, instructive and clear. I particularly liked the illustrations of where incisions are to be made. The book is printed on glossy (grease-proof?) paper and is bound in a fairly, but not very, robust manner. I wonder how long it will survive the rough and tumble of the dissection room.

Who will buy this book? If I were to recommend a dissection manual to every student it would have to contain study hints, specimen questions, clinical applications and memorable simple line diagrams. If I adopt this book, I will recommend that the students need only buy one for each table.

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